ESAR-VHP: Registration and Credentialing in Wisconsin

Emergency **S**ystem for the **A**dvance **R**egistration of **V**olunteer **H**ealth **P**rofessionals

Purpose of ESAR-VHP

ESAR-VHP is an electronic database of health care personnel, who volunteer to provide aid in an emergency. An ESAR-VHP System must

(1) register health volunteers,

(2) apply emergency credentialing standards to registered volunteers, and

(3) allow for the verification of the identity, credentials, and qualifications of registered volunteers in an emergency."

National Implementation

- All 50 States and 12 territories are implementing ESAR-VHP
- Wisconsin is one of the 10 pilot states and has been identified by HRSA as a model for other states

3 Models of ESAR-VHP

- Model 1: Registration of volunteer Health Care Workers (HCWs) with pre-qualification of registered HCWs (Emergency Credentialing Standards)
- Model 2: Registration of volunteer HCWs, pre-qualification and credentialing of registered volunteers
- Model 3: Registration of volunteer HCWs, pre-qualification and credentialing of registered and non-registered volunteers

ESAR-VHP in Wisconsin: Model 3

- Wisconsin Emergency Assistance Volunteer Registry (WEAVR): a secure, password-protected, electronic database, residing within the Wisconsin Health Alert Network (HAN)
- Wisconsin Disaster Credentialing (WDC): a secure, password-protected, commercial web-site for disaster credentialing only
  - These are two unique and separate systems, but they work together

WEAVR

- owned and operated by the Wisconsin Division of Public Health
- managed by the WEAVR Advisory Committee
- Administrator: Billee Bayou

WDC

- owned and operated by hospitals in the State of Wisconsin
- license held in behalf of hospitals by Shared Health Services, Inc. (fiscal agent for HRSA Region 4)
- managed by the WDC Management Council
- Administrator: Dennis Tomczyk

Why Has Wisconsin Chosen This Model?

Why This Model?

- Hospitals and LHDs will be overwhelmed caring for patients in a disaster
- Not having a system for credentialing, in real-time, both registered and non-registered volunteer HCWs will:
  - cause delay in deployment
  - increase potential for liability

Licensed HCWs in Wisconsin

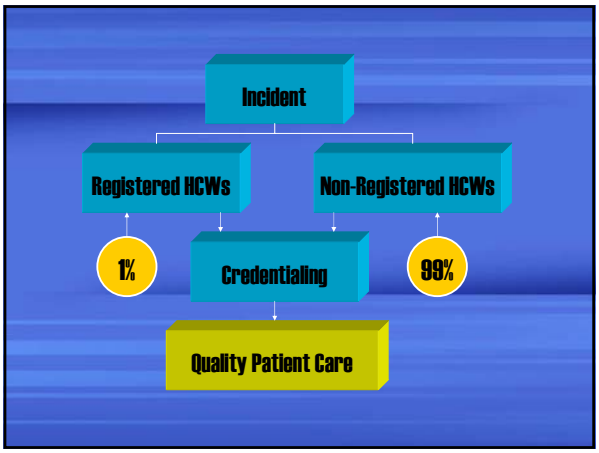
- 14,502 Physicians
- 64,535 Registered Nurses
- 14,181 Licensed Practical Nurses
- 82,373 Other Licensed HCWs

Total = 175,591

HCWs Registered on WEAVR

- 113 Physicians or 0.1%
- 442 Registered Nurses or 0.1%
- 27 Licensed Practical Nurses or .01%
- 249 Other Licensed HCWs or 0.3%
- 252 Non-Licensed HCWs

Total = 1,063



How Do WEAVR and WDC Work?

The best way to understand how WEAVR and WDC will work is to understand how they will be used in a disaster scenario

Important Distinctions

- **Emergency Credentialing** applies to any life-threatening incident, during which the hospital can grant privileges to a clinician, who is on the Medical Staff, so that he/she can provide necessary medical treatment beyond the scope of practice of that clinician

Important Distinctions

- **Disaster Credentialing** applies to a local, regional, state or national incident that overwhelms the resources of any one institution, during which the hospital can grant privileges to a clinician, who is **NOT** on the Medical Staff, so that he/she can provide necessary medical treatment

Disaster Scenario

At the Sunday evening Demolition Derby at the County Fair, the grandstands collapse. There is the initial report of approximately 300 persons in need of treatment. There is a need for volunteer HCWs to assist in the care and treatment of victims.

Recruitment and Credentialing

- The EOC Hospital Liaison will activate the “Disaster Credentialing Center” (DCC) **or**
- Hospitals and LHDs may choose to do recruitment and credentialing themselves by accessing WEAVR and WDC directly

Volunteer HCW Request

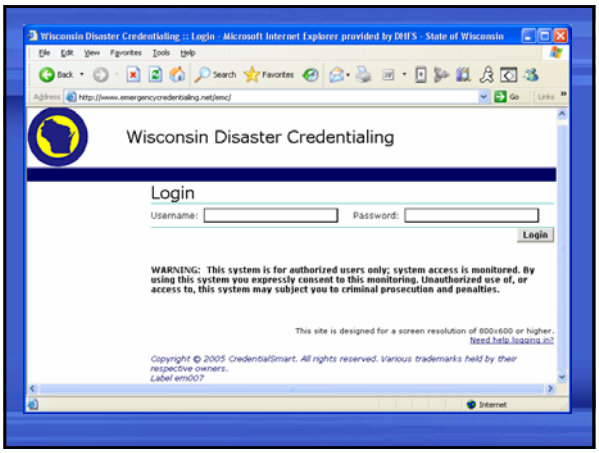
- Data Elements on form:
  - Part A (completed by requesting organization)
    - Profession requested
    - Specialty and/or skills requested
  - Part B (completed by recruitment/credentialing staff)
    - ETA (estimated time of arrival)
    - ELOS (estimated length of stay)
    - Comments
  - Part C (completed by requesting organization)
    - Arrival (when HCW arrives and is deployed)
    - Departure (when HCW leaves the hospital/LHD)

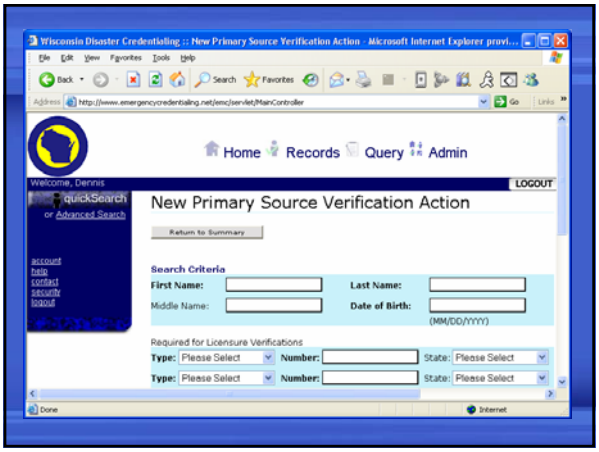
First Volunteer HCW Presents…

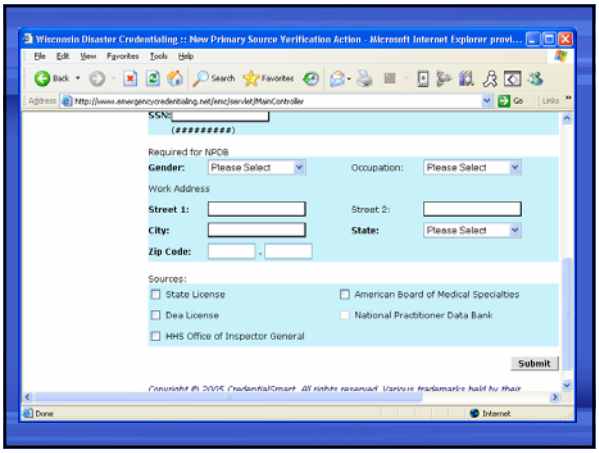
- Perry White MD, Internist, is the first to call in to volunteer
- The DCC or hospital or LHD begins the credentialing process by implementing the following steps…

Step 1: Primary Source Verification (PSV)

- Enter name and DOB of physician into WDC for PSV query
- Determine which of the following you want to query:
  - State Licensure
  - DEA License (Drug Enforcement Agency)
  - OIG (Office of Inspector General)
  - GSA (Government Services Administration)
  - NPDB (National Practitioner Data Bank)
  - ABMS/AOA (American Board of Medical Specialties/American Osteopathic Association)


Wisconsin Disaster Credentialing :: Login - Microsoft Internet Explorer provided by DHFS - State of Wisconsin
Wisconsin Disaster Credentialing
Login
Username:
Password:
Login
WARNING: This system is for authorized users only; system access is monitored. By using this system you expressly consent to this monitoring. Unauthorized use of, or access to, this system may subject you to criminal prosecution and penalties.
This site is designed for a screen resolution of 800x600 or higher.
Need help logging in?
Copyright © 2005 CredentialSmart. All rights reserved. Various trademarks held by their respective owners.
Label em007


Wisconsin Disaster Credentialing :: New Primary Source Verification Action - Microsoft Internet Explorer provi...
Home
Records
Query
Admin
Welcome, Dennis
LOGOUT
quickSearch
or Advanced Search
account
help
contact
security
logout
New Primary Source Verification Action
Return to Summary
Search Criteria
First Name:
Last Name:
Middle Name:
Date of Birth:
(MM/DD/YYYY)
Required for Licensure Verifications
Type: Please Select
Number:
State: Please Select
Type: Please Select
Number:
State: Please Select

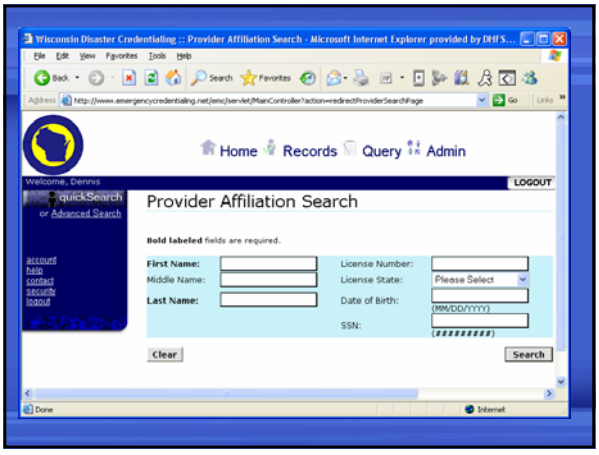

Wisconsin Disaster Credentialing :: New Primary Source Verification Action - Microsoft Internet Explorer provi...
SSN:
(#########)
Required for NPDB
Gender: Please Select
Occupation: Please Select
Work Address
Street 1:
Street 2:
City:
State: Please Select
Zip Code:
Sources:
State License
American Board of Medical Specialties
Dea License
National Practitioner Data Bank
HHS Office of Inspector General
Submit

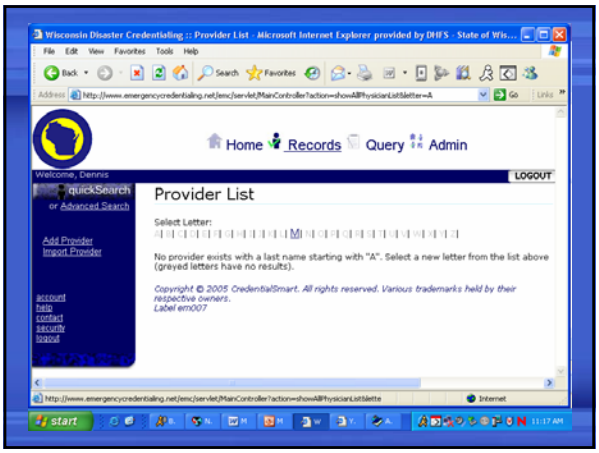
The PSV Summary is verification of the credentials of the physician, available in real-time, in less than 10 seconds

Note: Hospitals and LHDs will have satellite telephone capability that can connect to Internet if landlines are down

Step 2: Verification of Quality and Competency of Physician

- Enter name and DOB of physician into WDC in Hospital Affiliations query





Hospital Affiliations Summary

- If physician is on Medical Staff at a participating hospital, then the Hospital Affiliations Summary prints out the hospital affiliations of the physician.
  - Note: This summary will eventually have a photograph of the physician
- If physician is not on Medical Staff or if a hospital is not participating, then the physician completes the “Privileging of Non Medical Staff Physicians”

Hospital Affiliations Statement

“This practitioner has been credentialed in accordance with JCAHO and/or CMS standards and holds Medical Staff appointment and clinical privileges. There have been no quality of care issues or concerns regarding this practitioner’s clinical competency, identified through the hospital's quality assessment and professional peer review program. There are no restrictions on the practitioner's privileges at this institution His/her ability to safely and competently perform his/her clinical privileges has not been impeded by any identified health issues.”

Rationale for Disaster Credentialing

- The rationale for disaster credentialing is that hospitals and LHDs can rely on hospitals' credentialing programs
- Hospitals have invested significant financial and human resources in credentialing
- There is no need for hospitals or LHDs to duplicate this effort in a disaster

Rationale for Disaster Credentialing

- All Wisconsin hospitals must be accredited by JCAHO or be Medicare Certified (*CMS Conditions of Participation*) by the State of Wisconsin
- All hospitals are held to the same high credentialing standards

Hospital Credentialing Standards

- Professional credentialing and clinical privileging are at the heart of the healthcare system's methodology for ensuring the quality and competency of their personnel
- Why have standards for disaster privileging different than those for routine clinical privileging?

Hospital Credentialing Standards

JCAHO Elements of Performance (MS.4.110) requires hospitals to implement a verification process for a disaster situation that is identical to the credentials verification process for granting temporary privileges.

Hospital Credentialing Standards

JCAHO requires verification of the following after the disaster situation:

- Current Licensure
- Relevant training/experience
- Current competence
- Ability to perform privileges (health status)
- Other criteria required by the Medical Staff Bylaws (i.e. Board Certification)

Hospital Credentialing Standards

Cont'd

- NPDB Query
- A complete application
- No current or previously successful challenge to licensure
- No involuntary termination of Medical Staff membership at another institution
- No involuntary limitation, reduction, denial or loss of clinical privileges

Hospital Credentialing Standards

JCAHO allows the granting of temporary disaster privileges at the time of the disaster upon presentation of any of the following:

- A picture hospital ID card
- A current license and valid picture ID issued by state, federal, or regulatory agency
- DMAT Identification (Disaster Medical Assistance Team)

Hospital Credentialing Standards

Cont'd

- Other ID from federal/state/municipal entity, indicating the individual has been granted authority to render patient care, treatment and services in disaster circumstances
- Presentation by current hospital or medical staff member with personal knowledge regarding the practitioner's identity

Hospital Credentialing Standards

Credentialing Versus Clinical Privileging

- Credentialing does not necessarily confer qualifications for clinical privileges
- Hospitals are accountable for routinely assessing a healthcare provider's qualifications to competently and safely perform clinical privileges (based on Peer Review and Quality Improvement activities)

Hospital Credentialing Standards

Hospitals ultimately want a system that will verify an individual's credentials and quality and competency prior to privileging a healthcare practitioner

Hospital Credentialing Standards

Benefits of Integrating Credentialing and Quality/Competency Verification Systems into ESAR-VHP Program:

- Protecting patients is our ultimate responsibility
- Limits exposure to liability
- Protects the volunteer healthcare practitioner
- Meets industry standards and regulatory requirements

Sample Language

"Disaster Privileges may be granted, in response to a disaster, to providers of known competence, qualifications and quality, who hold medical staff membership and clinical privileges at another fully JCAHO accredited or Medicare Certified hospital. These Disaster Privileges shall be in place as long as the hospital determines that it is in need of these providers to deal with the disaster."

Step 3: Attestations

Physicians signs attestations, confirming the Primary Source Verification and Hospital Affiliations Summaries are accurate

Step 4: Deployment of the Physician

The hospital or LHD now can deploy the physician according to their established policies and procedures

The entire credentialing process should take less than 5 minutes

Archives

- The DCC faxes/emails the “Request” to the hospital or LHD, indicating that Dr. White’s credentials have been verified
- The hospital or LHD can then access WDC and print out the PSV and Hospital Affiliations Summaries that are now archived on WDC

Disclaimer

In all cases, the hospital or LHD has the right to limit the privileges of any volunteer HCW or even not allow that volunteer HCW to work , based on the hospital’s or LHD’s own criteria, even though the volunteer HCW’s credentials and privileges can be verified.

License Restrictions, Limitations and/or Stipulations

- Although, through WDC, there is information regarding a license restriction, limitation or stipulation, the primary source does not make available the specific reason.
- Ultimately, the deploying hospital or LHD will need to determine whether it is appropriate to deploy a HCW with such a restriction, limitation or stipulation.

Step 5: Privileging

- The hospital or LHD will then privilege the volunteer HCW
- EXAMPLE: *"Perry White MD has been granted disaster privileges and can act within the scope of his Internal Medicine specialty."*

Step 6: Monitoring Quality and Competency

- The hospital or LHD will then periodically monitor the quality and competency of the volunteer HCW
- EXAMPLE: During daily disaster briefings, the quality and competency of the volunteer HCWs should be reviewed. Privileges are to be limited or even terminated, if there is concern about the quality and competency of the volunteer HCWs

Other Deployment Issues

- This presentation will not address issues such as medical records, liability and malpractice, billing/coding, orientation, etc. for the volunteer HCWs
- Policies and procedures for these issues are being addressed in another forum

Final Documentation

After the disaster, the Medical Staff Services Office maintains the following records:

- PSV Summary
- Hospital Affiliations Summary *(if available)*
- Disaster Privileging for Non-Medical Staff Volunteers Form *(if applicable)*
- Briefing Minutes
- Termination of Privileges

How Does WDC Credential Nurses?

- WDC provides the PSV Summary for a RN, once the name and DOB is entered
- The RN signs the attestations
- The RN self-reports his/her skills and competencies and is assigned accordingly

How Does WDC Credential Other Licensed HCWs?

- WDC provides the PSV Summary for a licensed HCW, once the name and DOB is entered
- The volunteer licensed HCW signs the attestations
- The volunteer licensed HCW self-reports his/her skills and competencies and is assigned accordingly

How Do We Credential Non-Licensed HCWs?

- These HCWs are not subject to credentialing
- The volunteer non-licensed HCW signs the attestations
- The volunteer non-licensed HCW self-reports his/her skills and competencies and is assigned accordingly

Questions About WDC

Is WDC Really Necessary?

- Hopefully, we will never need to use WEAVR and WDC.
- But, if we do, the consequences of having an unqualified HCW, caring for patients, needs no further explanation.

Who Has Access to WDC?

- Each hospital and LHD will identify and train specific staff, who will be provided with a User ID and Password
- The website will be "live" 24/7 so that trained staff can test and exercise WDC
  - Permission is required to use WDC for exercise purposes

Are There Restrictions on the Use of Information from WDC?

- Hospitals and LHDs must sign a "User Agreement" in order to access WDC
- Site is monitored for frequency and type of use
- Illegal/Improper use results in loss of access to WDC

What If a Physician Has Multiple Medical Staff Memberships?

Physicians with multiple Medical Staff memberships will have those multiple affiliations displayed on the Hospital Affiliations Summary

Is There a Redundant System?

- Satellite telephone capability will be the redundant system for accessing WDC
  - WDC can be accessed anywhere in the world
- An alternative redundant system is paper: the "Disaster Privileging for Non-Medical Staff Volunteers" form (*this may cause delays in deployment and also a significant expenditure of resources*)

What About Privacy and Confidentiality?

All information available through WDC, e.g. the PSV and Hospital Affiliations Profile, has restricted access and users are bound by Confidentiality as per the User Agreement

What Are the Costs for Participating Hospitals?

- There are no costs for any hospital to access the PSV Summary
  - Costs for the queries, both in a disaster an in exercises, are borne by the HRSA Hospital Preparedness Program
- There are no costs, for the participating hospitals, to access the Affiliations Profile through WDC

What Are the Costs for LHDs?

- Any LHD using WDC for PSV will be billed by the data provider
  - LHDs will need to set-up a credit card account with WDC to use the PSV query
- There are no costs for the participating LHDs to access the Affiliations Profile through WDC

Legal Issues

- There are many unresolved issues such as liability and portability of malpractice insurance
- HCW must "sign in" at EOC to have state emergency powers protection
- "FAQs for Volunteer HCWs" is being produced

Next Steps

- "WDC Operations Manual" will be completed by October 1, 2005
- Presentation at the Wisconsin Association of Medical Staff Services
  - October 20, 2005, Oconomowoc
- Regional meetings for hospitals in November and January
- Training of staff in January - March 2006

Contact Information

Dennis Tomczyk
Director, Hospital Emergency Preparedness
Wisconsin Division of Public Health
Madison, Wisconsin
608-266-3128
tomczdj@dhfs.state.wi.us